

**BUTTE COUNTY BEHAVIORAL HEALTH BOARD MEMBERSHIP
APPLICATION**

Name: _____

Signature: _____

Address: _____

Phone: Home: _____ Work: _____

 Cell: _____ Email: _____

MEMBERSHIP CATEGORIES-Please check the category for which you are applying:

- Family Member**
Parent, Spouse, or Adult Child of Consumer

- Consumer Member**
Person who has received mental health services from public or private non-profit mental health agency.

- Community Member/Professional**
Interested community members and behavioral health professionals

- Youth Member**
Interested community youth members

If not appointed to the Behavioral Health Board, are you interested in:

- Your application remaining on file Working with a Committee of the board

Your County Supervisor is _____

QUALIFICATIONS AND INTERESTS: (If you need additional space, use the back of this sheet)

RETURN THIS FORM TO: Butte County Behavioral Health Board, 109 Parmac Rd., Suite 2,
Attn: Tina Cavalli, Chico, CA 95926, 530/891-2850